

ORIGINAL 09/10/19

Campaign Contribution Disclosure Report-Statewide Elected Executive Officer
Georgia Government Transparency and Campaign Finance Commission
200 Piedmont Avenue SE, Suite 1402 West Tower | Atlanta, GA 30334

1. Report Type <small>(Select One)</small> <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment Amendment # _____	2. Filing is being made on behalf of (Select One): Candidate or Public Official Office Held or Sought <u>DeKalb County School Board District 7</u> <small>(include county, municipality, district, post or judicial circuit)</small> Committee Name <u>Joyce Morley, Ed.D. 4 School Board</u> Report of Organization or Person Other than Candidate's Campaign Committee	Use Earlier of Post Mark or Hand Delivered Date <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
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3. Identifying and Contact Information

(1) Joyce Morley (2) 7/7/14
Full Name of Candidate or Other Than Candidate Campaign Committee Today's Date

(3) P.O. Box 1745 Decatur GA 30031
Mailing Address City State Zip Code

(4) 404-599-9632 and/ or joycemorley4schoolboard@gmail.com
Primary Contact Phone Number E-Mail

(5) If a Candidate or Public Official is there a campaign committee (one or more persons) to make campaign transactions, keep financial records of the campaign, or file the reports? ☒ Yes ☐ No

(6) If so, is the committee registered with the Commission? ☒ Yes ☐ No

(7) If so, complete the following: Rhonda Taylor Yvonne Smiley
Name of Committee Chairperson Name of Committee Treasurer

4. Period for which you are Reporting

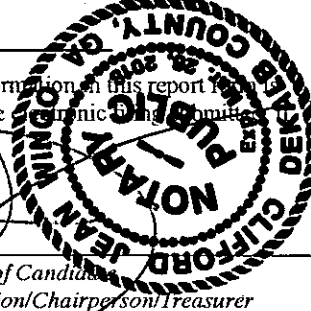
You Must Check Only One Box

My Non Election Year	My Election Year	Run-Offs <small>(Report required only if you are in a Run-Off Election)</small>	Special Election
<input type="checkbox"/> January 31, ____ (year) <input type="checkbox"/> June 30, ____ (year) <small>*Persons elected to office in each year following the year in which the election occurs *Persons leaving office with excess funds until such funds are expended as provided in the Act *Unsuccessful candidates with excess funds, or who receive contributions to retire debt incurred, until such funds are expended, or such unpaid debts are satisfied (December 31 filing only)</small>	<input type="checkbox"/> January 31, ____ (year) <input checked="" type="checkbox"/> June 30, <u>2014</u> (year) <input type="checkbox"/> September 30, ____ (year) <input type="checkbox"/> October 25, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)	<input type="checkbox"/> 6 days before Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before General Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Primary Run-Off ____ (year) <input type="checkbox"/> 6 days before Special Run-Off ____ (year)	<input type="checkbox"/> 15 days before Special Primary, ____ (year) <input type="checkbox"/> 15 days before Special, ____ (year) <input type="checkbox"/> Dec. 31, ____ (year)

State of GA County of DeKalb

I, Joyce Morley, being duly sworn (affirm), depose and say that the information in this report is complete, true, and correct. Further, I affirm that the contents in this report are the same as the contents in the electronic filing committee also electronically filed.

Sworn to and subscribed before me on July 18, 2014
Clifford Wingo March 18, 2018
Signature of Notary Public Commission Expiration


 a. Signature of Candidate
 b. Organization/Chairperson/Treasurer

(Any person who knowingly fails to comply with or who knowingly violates any of the provisions of the Act shall be guilty of a misdemeanor.)

**State of Georgia
Campaign Contribution Disclosure Report
Summary Report**

CONTRIBUTIONS RECEIVED

1	<input type="checkbox"/> I have no contributions to report. <input checked="" type="checkbox"/> I have the following contributions, including Common Source, to report:	In-Kind Estimated Value	Cash Amount
2	A. If this is the first time to file a disclosure report for the current office sought, ENTER 0 in both columns (one time only); or B. If this is the first report of this Election Cycle*, ENTER 0 in the in-kind column and list any net balance on hand brought forward from the previous election cycle in the cash amount column (Line 15 of previous report, or total funds left over at year end of previous cycle); or C. If this filing is the second or subsequent filing of this Election Cycle, list totals from Line 6 of previous report in both the in-kind and cash amount columns.		2,255.00
3	Total amount of all itemized contributions received in this reporting period which is listed on the "Itemized Contributions" page.		4,190.00
3a	All loans received this reporting period.		-0-
3b	Interest earned on campaign account this reporting period.		-0-
3c	Total amount of investments sold this reporting period.		-0-
3d	Total amount of cash dividends and interest paid out this reporting period.		-0-
4	Total amount of all separate contributions of \$100 or less received in this reporting period and not listed on the "Itemized Contributions" page. "Common Source" contributions must be aggregated on the "Itemized Contributions" page.	-0-	-0-
5	Total contributions reported this period. (Line 3 + 3a + 3b + 3c + 3d + 4)	-0-	4,190.00
6	Total contributions to date. Total to be carried forward to next report of this election cycle*. (Line 2 + 5)		6,445.00

EXPENDITURES MADE

7	<input type="checkbox"/> I have no expenditures to report. <input checked="" type="checkbox"/> I have the following expenditures to report:		
8	Total expenditures made and reported prior to this reporting period. If this is the A. First report of this Election Cycle*, ENTER 0. B. Second or subsequent filing ENTER Line 12 of previous report.	-0-	1,227.00
9	Total amount of all itemized expenditures made in this reporting period which are listed on the "Itemized Expenditures" page.	-0-	5,033.91
10	Total amount of all separate expenditures of \$100.00 or less that were made in this reporting period and not listed on the "Itemized Expenditures" page	-0-	-0-
11	Total expenditures reported this period. (Line 9 + 10)	-0-	5,033.91
12	Total expenditures to date. Total to be carried forward to next report of this election cycle*. (Line 8 + 11)	-0-	6,260.91

INVESTMENTS

13	Total value of investments held at the beginning of this reporting period.		-0-
14	Total value of investments held at the end of this reporting period.		-0-

TOTAL NET BALANCE ON HAND

15	Net balance on hand. (Line 6 - 12 + 14)		184.09
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* O.C.G.A. 21-5-3(10): Election cycle means the period from the day following the date of an election or appointment of a person to elective public office through and of the next such election of a person to the same public office and shall be construed and applied separately for each elective office including the date.

ORIGINAL

State of Georgia
Campaign Contribution Disclosure Report
Outstanding Indebtness

Election Cycle*: <u>Primary</u>		Election Year: <u>2014</u>	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		600.00
2	Loans received this reporting period.		-0-
3	Deferred payment of expenses this reporting period		-0-
4	Payments made on loans this reporting period.		600.00
5	Credits received on loans this reporting period		-0-
6	Payments this reporting period on previously deferred expenses.		-0-
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		-0-
Election Cycle*: _____		Election Year: _____	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		
2	Loans received this reporting period.		
3	Deferred payment of expenses this reporting period		
4	Payments made on loans this reporting period.		
5	Credits received on loans this reporting period		
6	Payments this reporting period on previously deferred expenses.		
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		
Election Cycle*: _____		Election Year: _____	<u>Amount</u>
1	Outstanding indebtedness at the beginning of this reporting period.		
2	Loans received this reporting period.		
3	Deferred payment of expenses this reporting period		
4	Payments made on loans this reporting period.		
5	Credits received on loans this reporting period		
6	Payments this reporting period on previously deferred expenses.		
7	Total indebtedness at the close of this reporting period. (Line 1 + 2 + 3 - 4 - 5 - 6)		

* Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)
 Public Officer/Candidate/Other Than Candidate Committee Name

State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
 Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name Philip & Valerie	Date 7/7/14	Occupation Minister	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$50.00	Est. Value
Last Name Nash					
Address 1098 Palmer Trail					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer Berea Chistian Church			Description
City Decatur					
State GA	Zip 30058				
Aff. Comm.					
First Name Corine	Date 4/8/14	Occupation Retire	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$50.00	Est. Value
Last Name Wilson					
Address 1073 Chestertfield Circle					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer N/A			Description
City Winter Spring					
State FL	Zip 32708				
Aff. Comm.					
First Name Clifford	Date 4/7/14	Occupation IT	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$150.00	Est. Value
Last Name Mays					
Address 6878 NW 66th Way					
Address2	<input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Employer American Express			Description
City Parkland					
State FL	Zip 33067				
Aff. Comm.					

Itemized Contributions Page Total \$ 250.00 \$ 0

First Name Vanessa	Date 4/8/14	Occupation Family/Comm. Engagement Mgr.	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$20.00	Est. Value
Last Name Milton					
Address 5030 Fieldgrwn Crossing					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Partnership for Community Action			Description
City Stone Montain	<input type="checkbox"/> In-Kind				
State GA	Zip 30088	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
First Name Thomas	Date 4/9/14	Occupation PR	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$50.00	Est. Value
Last Name Smith					
Address 1004 Dawn View Ln					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Amanda Brown- Olmstead Assoc.			Description
City Atlanta	<input type="checkbox"/> In-Kind				
State GA	Zip 30327	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
First Name Friends of Thomas Brown	Date 4/9/14	Occupation Retired	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name					
Address P.O. Box 98303					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City Atlanta	<input type="checkbox"/> In-Kind				
State GA	Zip 30359-2003	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
First Name Romei	Date 4/10/14	Occupation Self-employed	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$475	Est. Value
Last Name Wadley					
Address 3484 Dunbar Ln					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City Suwanee	<input type="checkbox"/> In-Kind				
State GA	Zip 30024	<input type="checkbox"/> Common Source			
Aff. Comm.	<input type="checkbox"/> Credit Received on Loan				
Itemized Contributions Page Total \$ 795.00 \$ 0					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

State of Georgia
Campaign Contribution Disclosure Report
Itemized Contributions

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
 Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Full Name of Contributor Mailing Address (Affiliation of Committee if any)	Contributor		Election Cycle**	Cash Amount	In-Kind Contributions
	Received Date Contribution Type*	Occupation & Employer			Estimated Value
					Description
First Name Karen	Date 7/7/14	Occupation Courier	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$25.00	Est. Value
Last Name Slade-Moss					
Address 287. S. Crogan St Apt. 513					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Quest Diagnostics			Description
City Lawrenceville	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip 30046	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name Dr. Lester	Date 4/10/14	Occupation Pediatrician	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$100	Est. Value
Last Name Freeman					
Address 2815 Landrum Dr.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self-Employed			Description
City Atlanta	<input type="checkbox"/> In-Kind				
State GA	<input type="checkbox"/> Common Source				
Zip	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					
First Name John	Date 4/11/14	Occupation Trainer	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. 50.00	Est. Value
Last Name Sayres					
Address 6082 N. Church St.					
Address2	<input checked="" type="checkbox"/> Monetary	Employer CCL			Description
City Greensboro	<input type="checkbox"/> In-Kind				
State NC	<input type="checkbox"/> Common Source				
Zip 27455	<input type="checkbox"/> Credit Received on Loan				
Aff. Comm.					

175.00

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First Name Silverman Construction Last Name Address 1075 Zonolite Rd., NE Ste 1 Address2 City Atlanta State GA Zip 30306 Aff. Comm.	Date 4/21/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation NA Employer Silverman Construction NA	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value Description
First Name G. Scott & Ellen Last Name Rafshon Address 3466 Sunderland Circle Address2 City Atlanta State GA Zip 30319 Aff. Comm.	Date 4/21/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer N/A	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value Description
First Name Paul & Barbara Last Name Bianchi Address 879 Barton Woods Rd., NE Address2 City Atlanta State GA Zip 30307 Aff. Comm.	Date 4/21/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Retired Employer N/A	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$100	Est. Value Description
First Name Hezekiah Last Name Sistrunk, Jr Address 127 Peachtree St., Ste 800 Address2 City Atlanta State GA Zip 30303-1809 Aff. Comm.	Date 4/28/14 <input checked="" type="checkbox"/> Monetary <input type="checkbox"/> In-Kind <input type="checkbox"/> Common Source <input type="checkbox"/> Credit Received on Loan	Occupation Attorney Employer The Cochran Firm	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value Description
Itemized Contributions Page Total \$ 1,350.00 \$					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

7 2 19

Must list contributions received by a single contributor for which the aggregate total more than \$100.00.
Note: Loans are no longer reported in "Itemized Contributions" section. See Loan Reporting section below.

Itemized Contributions/Page Total \$ 320.00

First Name GA Assoc. of Realtors PAC	Date 5/20/14	Occupation N/A	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$250	Est. Value
Last Name					
Address 3200 Presidential Dr.					
Address2					
City Atlanta					
State GA	Zip 30340				
Aff. Comm.					
First Name Jackie	Date 5/20/14	Occupation Consultant	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$100	Est. Value
Last Name Stallings Evans					
Address P.O. Box 2821					
Address2					
City Alpharetta					
State GA	Zip 30023-2821				
Aff. Comm.					
First Name Dr. Tenaya	Date 5/20/14	Occupation Psychologist	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$300	Est. Value
Last Name Watson Chambers					
Address 1506 6th Ave.					
Address2					
City Columbus					
State GA	Zip 31001				
Aff. Comm.					
First Name Dr. William	Date 6/9/14	Occupation PCP	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$50.00	Est. Value
Last Name McGarity					
Address					
Address2					
City Decatur					
State GA	Zip 30035				
Aff. Comm.					
Address2 5243 Snapfinger Woods Dr					
City					
State	Zip				
Aff. Comm.					
Itemized Contributions Page Total \$ 700.00					

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

ORIGINAL

First Name Dr. Nahim	Date 7/1/14	Occupation Podiatrist	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$100	Est. Value
Last Name Shaheed					
Address 5910 Hillendale Dr., Ste 102					
Address2	<input checked="" type="checkbox"/> Monetary	Employer Self-Employed			Description
City Lithonia	<input type="checkbox"/> In-Kind				
State GA	Zip 30058				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name Committee to Elect Lee Ma	Date 5/3/14	Occupation N/A	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt. \$500	Est. Value
Last Name					
Address P.O. Box 215					
Address2	<input checked="" type="checkbox"/> Monetary	Employer N/A			Description
City Lithonia	<input type="checkbox"/> In-Kind				
State GA	Zip 30058				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	Zip				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				
First Name	Date	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Cash Amt.	Est. Value
Last Name					
Address					
Address2	<input type="checkbox"/> Monetary	Employer			Description
City	<input type="checkbox"/> In-Kind				
State	Zip				
Aff. Comm.	<input type="checkbox"/> Common Source				
	<input type="checkbox"/> Credit Received on Loan				

Itemized Contributions Page Total \$ **600.00** \$

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

Loan Reporting

Name of Lender & Mailing Address	1.Date of Loan 2.Amount of Loan 3.Election Cycle**	Person(s) responsible for repayment of loan & Mailing Address	1.Occupation & 2.Place of Employment 3.Fiduciary Relationship***
Lender Name (First Name, Business, Inst.) N/A	1. N/A	First Name N/A	1. N/A
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Lender Name (First Name, Business, Inst.)	1.	First Name	1.
Lender Last Name	2.	Last Name	2.
Address	3. <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Special Primary <input type="checkbox"/> Run-Off Primary <input type="checkbox"/> Run-Off General <input type="checkbox"/> Run-Off Special <input type="checkbox"/> Run-Off Special Primary	Address	3. <input type="checkbox"/> Public Officer <input type="checkbox"/> Candidate <input type="checkbox"/> Other Than Candidate Committee Name
Address2		Address2	
City		City	
State Zip		State Zip	
Reference: OCGA § 21-5-34(b)(1)		Loan Page Total \$ _____	

* Contribution Type (Monetary, In-Kind, Common Source, Credit Received on Loan)

** Election Cycle (Primary, General, Special, Special Primary, Run-Off Primary, Run-Off General, Run-Off Special, Run-Off Special Primary)

*** If any such person(s) shall have a fiduciary relationship to the lending institution or party making the advance or extension of credit

State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Creative Studio AM	Date 4/9/14	Occupation N/A	Logo Revision	\$20.00
Last Name				
Address 187 Mountainville Rd.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Hamilton				
State GA	Zip 31811			
First Name Office Depot	Date 4/21/14	Occupation N/A	Office Supplies	58.34
Last Name				
Address 1210 Dorgwood Dr., SW	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Conyers				
State GA	Zip 30012			
First Name Southeast Graphics	Date 4/28/14	Occupation N/A	Yard Signs	553.32
Last Name				
Address P.O. Box 7748	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Employer		
Address2				
City Marietta				
State GA	Zip 30065			

631.66

Page Total \$

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
 Public Officer/Candidate/Other Than Candidate Committee Name

ORIGINAL

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Custom Ink	Date 5/1/14	Occupation N/A	Campaign Tee Shirts	465.30
Last Name				
Address P.O. Box 791253	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer		
City Baltimore				
State MD Zip 21279-1253				
First Name CrossRoads News	Date 5/5/14	Occupation N/A	Campaign Ad Sats Ad	212.50
Last Name				
Address 2346 Candler Rd.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer		
City Decatur				
State GA Zip 30032				
First Name US Post Office	Date 5/13/14	Occupation N/A	Campaign Tee Postage	49.00
Last Name				
Address	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer		
City Avondale Estates				
State GA Zip				
First Name Kevin	Date 5/14/14	Occupation Producer	Campaign Tee Sats Promo Recording	25.00
Last Name Giles				
Address 2424 Old Rex Morrow Rd.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer Sheridan Broadcasting		
City Ellenwood				
State GA Zip 30294				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ 751.80

Public Officer/Candidate/Other Than Candidate Committee Name

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State of Georgia Campaign Contribution Disclosure Report Itemized Expenditures

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name American Technology Consulting <hr/> Last Name <hr/> Address 307 S. Picket DStreet <hr/> Address2 <hr/> City Alexandria <hr/> State VA Zip 22304	Date 5/19/14 <hr/> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation N/A <hr/> Employer <hr/>	2-Robo Calls <hr/>	\$347. <hr/>
First Name Southeast Graphics <hr/> Last Name <hr/> Address P.O. Box 7748 <hr/> Address2 <hr/> City Marietta <hr/> State GA Zip 30065	Date 5/19/14 <hr/> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation N/A <hr/> Employer <hr/>	Yard Signs <hr/>	\$253 <hr/>
First Name Wal-Mart <hr/> Last Name <hr/> Address Dogwood Dr. <hr/> Address2 <hr/> City Conyers <hr/> State GA Zip 30012	Date 5/19/14 <hr/> <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation N/A <hr/> Employer <hr/>	Campaign Supplies <hr/>	\$94.31 <hr/>

694.31

Page Total \$

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)

Public Officer/Candidate/Other Than Candidate Committee Name

EXPENSE

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Sam's Wholesale	Date 5/19/14	Occupation N/A	Volunteer Supplies	209.39
Last Name				
Address Stonecrest	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer		
City Lithonis				
State GA Zip 30058				
First Name Wilfred	Date 5/20/14	Occupation N/A	Volunteer Supplies <i>Mails</i>	\$300
Last Name Best				
Address	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2 3531 Dial Dr.		Employer		
City Stone Mountain				
State GA Zip 30083				
First Name Sheridan Broadcasting	Date 5/25/14	Occupation N/A	Volunteer Supplies <i>Radio Ad</i>	\$150
Last Name				
Address 2424 Old Rex Morrow Rd.	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer		
City Ellenwood				
State GA Zip 30294				
First Name Rolanda	Date 6/9/14	Occupation N/A	Volunteer Supplies <i>Campaign Fieldwork</i>	\$200
Last Name Goldsborough				
Address 1950 Roswell Rd. #6	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment			
Address2		Employer		
City Marietta				
State GA Zip 30068				

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment) Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ **859.39**

Public Officer/Candidate/Other Than Candidate Committee Name

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**State of Georgia
Campaign Contribution Disclosure Report
Itemized Expenditures**

Must list expenditures made to a single recipient for which the aggregate total more than \$100.00.

List Name and Mailing Address of Recipient	Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Morley & Associates, Inc. Last Name Address P.O. Box 1745 Address2 City Decatur State GA Zip 30031	Date 6/9/14 <input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input checked="" type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation N/A Employer	Loan Repayment	\$600
First Name Rhonda Last Name Taylor Address 2709 Chimney Rock Ln Address2 City Conyers State GA Zip 30094	Date 6/28/14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Consultant Employer Self-Employed	Campaign Management	1,275
First Name Esther Last Name Davis Wilder Address 5721 George Rd. Address2 City Lithonia State GA Zip 30058	Date 6/28/14 <input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Massage Therapist Employer Self-employed	Campaign Fieldwork	\$50

1,925

Page Total \$

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)
Public Officer/Candidate/Other Than Candidate Committee Name

10300-A1

List Name and Mailing Address of Recipient		Exp. Date Exp. Type*	Occupation & Employer	Expenditure Purpose	Amount Paid
First Name Yvonne	Address 1825 Parker Rd. Apt. 917 Address2 City Conyers State GA Zip 30094	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Consultant Employer	Clerical	\$100
Last Name Smiley					
First Name PayPal	Address Address2 City State Zip	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation N/A Employer	Glossar Fee	15.75
Last Name					
First Name Joyce Morley	Address P.O. Box 1745 Address2 City Decatur State GA Zip 30031	<input checked="" type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation N/A Employer	Glossar Mileage/Parking	56.00
Last Name					
First Name	Address Address2 City State Zip	<input type="checkbox"/> Expenditure <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan Repayment <input type="checkbox"/> Refund <input type="checkbox"/> Reimbursement <input type="checkbox"/> Credit Card <input type="checkbox"/> 3rd Party <input type="checkbox"/> Deferred Payment <input type="checkbox"/> Payment on Deferred Expense <input type="checkbox"/> Investment	Occupation Employer	Clerical	
Last Name					

* Expenditure Type (Expenditure, In-Kind, Loan Repayment, Refund, Reimbursement, Credit Card, 3rd Party, Deferred Payment on Deferred Expense, Investment)Public Officer/Candidate/Other Than Candidate Committee Name

Page Total \$ 171.75

Public Officer/Candidate/Other Than Candidate Committee Name

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State of Georgia
Campaign Contribution Disclosure Report
Investments Statement

1. Investment Name N/A	Account #
Institution/Person N/A Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

2. Investment Name N/A	Account #
Institution/Person N/A Holding Account _____ Mailing Address _____ Address2 _____ <div style="display: flex; justify-content: space-between;"> City _____ State _____ Zip _____ </div>	Value at beginning of reporting period \$
	Value at end of reporting period \$
	Difference in value \$
	Interest Paid Out \$
	Cash Dividends \$

Investment Transactions					
Date	Person(s) Involved in Transaction	Value of investment purchased	Value of investment sold	Profit	Loss

<u>Total value of investments at beginning of reporting period \$</u> <u>Total value of investments at end of reporting period \$</u> <u>Total difference in value \$</u>	<div style="display: flex; justify-content: space-between;"> <div> Page Total Cash Dividends: Page Total Interest Paid Out: Page Total Profit: Page Total Loss: </div> <div style="text-align: right;"> \$ 0 \$ 0 \$ 0 \$ 0 </div> </div>
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State of Georgia
Campaign Contribution Disclosure Report
Addendum Statement

The Addendum Statement should be used for explanation of any additional information needed to complete an accurate filing of this report.
Information that is to be reported in the body of the report should not be listed on Addendum Statement.